

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35090

FILED NOV 12 1957

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 4082 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bogard</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bogard.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>710 -</u> Length of stay in 1b <u>50 years</u>		d. STREET ADDRESS <u>city</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>EARL</u> Last <u>WILLIAMS</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>7</u> Year <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 14, 1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER.</u>		9b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9c. BIRTHPLACE (City and state or country) <u>Carroll County, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. FATHER'S NAME <u>David C. Williams</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>David C. Williams</u>		14. MOTHER'S MAIDEN NAME <u>ELLEN FRANCIS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Luther E. Williams</u>		Address <u>Bogard, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cause unknown</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____			19. INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Nov. 7/57</u> to <u>Nov. 7/57</u> and last saw <u>her</u> alive on <u>Nov. 1/59</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Deceased or 11c) <u>L. Williams</u>		22b. ADDRESS <u>Mo. No. 8/7</u>	
22c. DATE SIGNED <u>Nov. 8/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 10, 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bogard</u> (State) <u>Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>DICKERSON FUNERAL HOME, Bogard, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/9/57</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. Herbert Calvert</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R. M. Marshall, Jr.*

Licensed Embalmer No. *44*

P. O. Address *Abbeville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.